PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

670705

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		~ D	OTHER THAN SMALL ENTITY	
FOR			NUMBER FILED			NUMBER EXTRA		1 ,			OR 1		
									RATE	FEE	4	RATE	FEE
BASIC FEE									. لمعنادة	345.00	OR		690.00
TOTAL CLAIMS			2				<u>-</u>		X\$ 9=		OR	X\$18=	162.00
INDEPENDENT CLAIMS			Q	minus	3 =				X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	862∞	
CLAIMS AS AMENDED - PART II											10	OTHER	
			umn 1)			Column 2)	(Column 3)		SMALL ENTITY		OR	SMALL ENTITY	
AMENDMENT A		REM A	AIMS IAINING FTER NDMENT		· Pl	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**		=]	X\$ 9=		OR	X\$18=	
	independent	*	ON OF M	Minus	***	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	=		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=	
									TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									ADDIT. I EL		•	ADD11.1 EE1	
AMENDMENT B		REM A	AIMS IAINING FTER NDMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**		=		X\$ 9=	,	OR	X\$18=	
	Independent	*		Minus	***	•	=		X39=			X78=	
	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEF	PENE	DENT CLAIM		l	705-		OR	X/0 <u>-</u>	
									+130=		OR	+260=	
					•			A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			umn 1)			Column 2)	(Column 3)						
AMENDMENT C		REM Al	AIMS IAINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9= ·		OR	X\$18=	
	Independent			Minus	***		=	 	X39=			X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								┞	7.00-		OR	770=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								ı	+130=		OR	+260=	
** [1	the "Highest Nur	mber Pro	eviously Pa	id For" IN THIS	SSPA	ACE is less than	n 20, enter "20."	" A	TOTAL DDIT. FEE		or ,	TOTAL ADDIT, FEE	
	f the "Highest Nur The "Highest Num									ropriate box			